

IN THE MATTER OF:  
SHEKITA JONES

CHAPTER 13 NO.: 08-12035

MISSISSIPPI DEPARTMENT OF  
HUMAN SERVICES

PLAINTIFF

v.

SHEKITA JONES

DEFENDANT

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES'**  
**OBJECTION TO DISCHARGE OF DEBTOR**

**COMES NOW**, Plaintiff, Mississippi Department of Human Services, by and through counsel, Special Assistant Attorney General Sara Harvey Roberts, and files this, its Objection to Discharge of Debtor, and in support thereof would show unto the Court the following:

1. That on or about November 28, 2005, Defendant began receiving food stamp benefits from Plaintiff, Mississippi Department of Human Services. Thereafter, Defendant was re-certified to receive food stamps from Plaintiff on July 11, 2006, and November 10, 2006. During each certification process, Plaintiff notified Defendant of the terms and conditions that accompanied the receipt of said government benefits pursuant to the Code of Federal Regulations (7 C.F.R. 273.2 (2008)) and the Federal Food Stamp Program (7 U.S.C.A. § 2011 et. seq).

2. That on or about February 2, 2007, Plaintiff discovered that Defendant failed to divulge to Plaintiff earned income from her employment with Trinity Mission, which began in January, 2006, as required by the terms and conditions of said food stamp agreement above.

3. That said concealment of earned income resulted in an over-issuance of food stamp benefits to Defendant in the amount of \$ 4907.00 dollars over a thirteen (13) month time period.

4. That on December 18, 2007, Defendant signed a Disqualification Consent Agreement to Plaintiff's Food Stamp Program. By signing said Agreement, Defendant knowingly consented to disqualification from Plaintiff's food stamp program. Defendant, by her signature, acknowledged that she, "[would be] held responsible for repayment of this debt..." (*See* attached Exhibit "A").

5. That on February 15, 2008, Debtor paid \$100.00 to Plaintiff acknowledging her fraudulently obtained debt. That Defendant currently owes Plaintiff \$ 4759.00 dollars worth of food stamp benefits and; therefore, she should not be discharged from said debt pursuant to 11 U.S.C.A. § 523(a)(2)(A).

WHEREFORE, PREMISES CONSIDERED, Plaintiff prays this objection be received and filed and that the Court grant said Objection to Discharge of Debtor.

RESPECTFULLY SUBMITTED,

MISSISSIPPI DEPARTMENT OF HUMAN  
SERVICES

BY: /s/ Sara Harvey Roberts-MSB #101753

Attorney for Plaintiff

Special Assistant Attorney General

Office of the Attorney General

P. O. Box 220

Jackson, Mississippi 39205

Telephone No. (601) 359-4247

**CERTIFICATE OF SERVICE**

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I, Sara Harvey Roberts, Special Assistant Attorney General for the State of Mississippi,

hereby certify that I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system, and I hereby certify that I either mailed, first class, postage prepaid, United States Mail, or electronically notified through the CM/ECF system, a true and correct copy of the Objection to

Discharge of Debtor to the following individuals:

Honorable Karen B. Schneller  
Attorney for Shekita Jones  
P.O. Box 417  
Holly Springs, Mississippi 38635

Office of the U.S. Trustee  
R. Michael Bolen  
100 W. Capitol Street, Suite 706  
Jackson, Mississippi 39269

Honorable Locke D. Barkley  
Chapter 13 Bankruptcy Trustee  
P.O. Box 55829  
Jackson, Mississippi 39296-5829

Ms. Shekita Jones  
807 Spring Ridge Cove  
Holly Springs, Mississippi 38635

This the 13th day of March, 2009.

/s/ Sara Harvey Roberts  
Sara Harvey Roberts

County of Marshall  
Case Name: Shekita Jones  
Case Number: 170-28-7860  
Social Security Number: [REDACTED] 6378

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DISQUALIFICATION CONSENT AGREEMENT  
FOOD STAMP PROGRAM

I, Shekita Jones, have been advised of my rights and responsibilities regarding the over issuance of \$ 4,907 or 607 in food stamp benefits during the period of 4/06 through 6/07 because of alleged intentional program violation.

I UNDERSTAND the consequences of consenting to disqualification as part of a deferred adjudication by the court. I UNDERSTAND that I must abide by the terms of this Agreement or I can be subject to court action without further notice. I UNDERSTAND I have not been found guilty of civil or criminal misrepresentation or fraud, that this is not an admission of guilt and that I have a right to remain silent regarding the charges against me. I UNDERSTAND that anything said or signed by me could later be used in a court of law. I UNDERSTAND that consenting to disqualification will result in my disqualification and that food stamp benefits for the remaining members of my household, if any, will be reduced because of my disqualification. I UNDERSTAND that I or the remaining household members will be held responsible for repayment of this debt, regardless of the household's eligibility for food stamps.

I CERTIFY that I have read the following food stamp penalty warning:

Individuals who have signed a disqualification consent agreement shall be ineligible to participate in the Program (1) For a period of 12 months for the first intentional Program violation (2) For a period of 24 months for the second occasion of any intentional Program violation (3) Permanently for the third occasion of any intentional Program violation. An individual convicted by a Federal, State or local court of having trafficked benefits for an aggregate amount of \$500 or more shall be permanently ineligible to participate in the Program upon the first occasion of such violation. An individual found to have made a fraudulent statement or representation with respect to the identity or place of residence of the individual in order to receive multiple food stamp benefits simultaneously shall be ineligible to participate in the Program for a period of 10 years.

I UNDERSTAND that I will be disqualified for ( ☒ ) 24 months ( ☐ ) permanently as a result of having consented to disqualification for the Food Stamp Program violation indicated above. I have read the above and agree to the conditions herein. Further I UNDERSTAND that if I am not the head of the food stamp household, that person must also sign this Agreement. My Signature below certifies that I am consenting to disqualification of my own free will without any coercion.

Shekita Jones  
SIGNATURE OF THE ACCUSED

12/18/07  
DATE

807 Ridge Cove Dr. Holly Springs, MS 38655  
ADDRESS

Shekita Jones  
SIGNATURE OF THE HEAD OF HOUSEHOLD

12/18/07  
DATE

Same as above  
ADDRESS

Alexander Johnson  
WITNESS

12/18/07  
DATE

MDHS

EXHIBIT

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"A"